

Referral for State Funded Day Services

****Note: If services are funded via a Home and Community Based Waiver, the appropriate Waiver Authorization must be used instead of this form – this form is for state funded day program services for Level I Service Coordination Recipients only.

Section I: REFERRAL (To be completed by Service Coordinator)

Person's Name: _____ Social Security No.: _____

Person's Address and Phone No.: _____

Chosen Day Service Provider: _____ Phone No.: _____

Chosen Day Service Provider Address: _____

IT HAS BEEN DETERMINED THE ABOVE NAMED PERSON NEEDS THE FOLLOWING SERVICES:

	PROGRAM	NUMBER OF UNITS/ per week ($\frac{1}{2}$ day = 1 unit) <u>Cannot exceed 2 units/day or 10 units/week</u>
	DAY ACTIVITY SERVICES	
	COMMUNITY SUPPORT SERVICES	
	CAREER PREPARATION SERVICES	
	EMPLOYMENT SERVICES (GROUP)	
	EMPLOYMENT SERVICES (INDIVIDUAL: exception - 1 unit= 1 hour)	
	SUPPORT CENTER SERVICES	
	TOTAL NUMBER OF UNITS ASSIGNED TO THIS INDIVIDUAL <u>per week</u>	

Service Coordinator Name (Please Print): _____ Signature: _____

Service Coordinator Address: _____ Phone No.: _____

SECTION II: Day Services Response (TO BE FILLED OUT BY Day Services Staff)

Date Referral Received by Day Service Provider: _____

☐ Services will be provided as authorized beginning: _____
(DATE)

Comments: _____

☐ Services will not be provided

Comments: _____

☐ This person's name has been placed on a waiting list

Comments: _____

Day Service Staff (Please Print): _____ Signature: _____

Date Returned to Service Coordinator: _____